

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	UT	694011	10/16/99
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	BB	71423 21423	10-18-99

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	1/2/99
Original	1/2/99
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Claim	Date
Final	3/2/99
Original	1/2/99
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Claim	Date
Final	3/2/99
Original	1/2/99
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